

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

File with:  
 Iowa Ethics and Campaign  
 Disclosure Board  
 510 E. 12<sup>th</sup>, Ste. 1A  
 Des Moines, Iowa 50319  
 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

IA ETHICS AND

2010 MAY 17 PM 12:41

Reset Form

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Bettie Bolar For County Supervisor

**IMPORTANT:** Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
 Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Bettie Bolar

Political Party (if applicable)

Democratic

Office Sought

Marshall County Supervisor

District (if Senate or House)

**FORM  
 DR-2**

(Rev. 12/2009)

**DISCLOSURE  
 REPORT**

**For Office Use Only**

Comm. # \_\_\_\_\_

Logged In \_\_\_\_\_

Scanned \_\_\_\_\_

Computer \_\_\_\_\_

Audited \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Typon & Rich  
 SIGNATURE OF PERSON FILING REPORT

641-485-4431  
 TELEPHONE

5/17/10  
 DATE SIGNED

I AM FILING A May 19, 2010

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

06/08/10

County & Local Committees, enter County in

which Election is held

Marshall

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

2,391.87

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL**

\$ 2,391.87

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*also see debts and loans below)

890.91

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$ 1,500.96

**UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 0.00

**IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 159.00

**OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ 0.00

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$ 0.00

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTS☐ CHECK THIS BOX IF  
AMENDING FORM**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Bettie Bolar For County Supervisor

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
01/02/10	ID# CK#	Wayne Sawtelle 308 S. 6th St. Marshalltown, Iowa		\$50.00	<input type="checkbox"/>
01/02/10	ID# CK#	Bob Christenson 2471 Jefferson Dr. Marshalltown, IA 50158		\$35.00	<input type="checkbox"/>
01/02/10	ID# CK#	Karen Lischer 816 Roberts Ter. Marshalltown, IA 50158		\$45.00	<input type="checkbox"/>
01/15/10	ID# CK#	Mary Giese 402 Richard Ln. Marshalltown, IA 50158		\$100.00	<input type="checkbox"/>
01/15/10	ID# CK#	George Brandmayr 207 Thunderbird Dr. Marshalltown, IA 50158		\$50.00	<input type="checkbox"/>
01/19/10	ID# CK#	Martha Isaacson 2004 Pinehurst Dr. Ames, IA 50010		\$50.00	<input type="checkbox"/>
01/19/10	ID# CK#	Conrad Dejardin 109 New Castle Rd. Marshalltown, IA 50158		\$100.00	<input type="checkbox"/>
01/20/10	ID# CK#	Susan Martin 2349 Whispering Oaks Rd. Marshalltown, Ia 50158		\$50.00	<input type="checkbox"/>
01/22/10	ID# CK#	Kileen Rezac 1112 W. Olive St. Marshalltown, IA 50158		\$100.00	<input type="checkbox"/>
01/22/10	ID# CK#	Jane Fritz 205 Palmer St. Marshalltown, IA 50158		\$50.00	<input type="checkbox"/>

SUB-TOTAL

\$ \$630.00

TOTAL (If last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4  
(for Schedule A)

**For Instructions, See Back of Form**

Reset Form

**SCHEDULE****A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**CHECK THIS BOX IF  
AMENDING FORM**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

**COMMITTEE NAME (Must be same as on Statement of Organization)**

Bettie Bolar For County Supervisor

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
02/08/10	ID# CK#	James Lowrance 1502 S. 12th St Marshalltown, Iowa		\$20.00	<input type="checkbox"/>
02/08/10	ID# CK#	Donita Hermesen 1521 Westwood Dr. Coralville, IA 52241	Sister	\$20.00	<input type="checkbox"/>
02/26/10	ID# CK#	Beth Murtha 2413 W. Lincoln Way Marshalltown, IA 50158		\$25.00	<input type="checkbox"/>
02/26/10	ID# CK#	Jane Holder 311 Sunset Ln. Marshalltown, IA 50158		\$25.00	<input type="checkbox"/>
02/27/10	ID# CK#	Charyl Finders 220 E. Southridge Rd. Marshalltown, IA 50158		\$25.00	<input type="checkbox"/>
02/24/10	ID# CK#	Mary Schrader 204 Koeper Dr. Marshalltown, IA 50158		\$100.00	<input checked="" type="checkbox"/>
02/22/10	ID# CK#	Sue Greenwood 415 6th St NW Altoona, IA 50009		\$25.00	<input type="checkbox"/>
02/24/10	ID# CK#	Unitemized Contributions - Fundraiser		\$31.00	<input checked="" type="checkbox"/>
03/02/10	ID# CK#	Barbara Scafferi 709 E. South St. Marshalltown, IA 50158		\$15.00	<input type="checkbox"/>
03/02/10	ID# CK#	James McKinstry 514 E. Olive St. #205 Marshalltown, IA 50158		\$25.00	<input type="checkbox"/>

SUB-TOTAL

\$ 311.00

TOTAL (if last page of this schedule)

\$

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 Page 2 of 4  
 (for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Bettie Bolar For County Supervisor

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
03/03/10	ID# CK#	Leonard Grimes 2353 233rd St. Marshalltown, Iowa		\$25.00	<input type="checkbox"/>
03/05/10	ID# CK#	Linda Holvik 2908 W. Lincoln Way Marshalltown, IA 50158		\$50.00	<input type="checkbox"/>
03/09/10	ID# CK#	Peter Grady 106 E. Lincoln St. Marshalltown, IA 50158		\$50.00	<input type="checkbox"/>
03/09/10	ID# CK#	Donita Hermesen 1521 Westwood Dr. Coralville, IA 52241	Sister	\$50.00	<input type="checkbox"/>
03/16/10	ID# CK#	Christine Feagan 706 1/2 W. Main St. Marshalltown, IA 50158		\$25.00	<input type="checkbox"/>
03/18/10	ID# CK#	Lynn Hickman 1781 310th St. Melbourne, IA 50162		\$50.00	<input type="checkbox"/>
03/24/10	ID# CK#	Susan Malloy 3304 Merrit Rd. Marshalltown IA, 50158		\$50.00	<input type="checkbox"/>
04/05/10	ID# CK#	Clarissa Thompson 2846 Green Castle Rd. Gilman, IA 50106		\$20.00	<input type="checkbox"/>
04/22/10	ID# CK#	Loras Neuroth 303 S. 12th St. Marshalltown, IA 50158		\$50.00	<input type="checkbox"/>
04/24/10	ID# CK#	Monica Schneider 1815 Oaks Ave. Marshalltown, IA 50158		\$30.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ \$400.00

TOTAL (if last page of this schedule)

\$

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Page 3 of 4  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Bettie Bolar For County Supervisor

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
04/24/10	ID# CK#	Pamela Blake 504 N. 5th St. Marshalltown, Iowa		\$40.00	<input checked="" type="checkbox"/>
04/24/10	ID# CK#	Unitemized Contributions - Fundraiser		\$910.87	<input checked="" type="checkbox"/>
05/03/10	ID# CK#	Arlene Benson 1500 Lincoln Towers #101 Marshalltown, IA 50158		\$20.00	<input type="checkbox"/>
05/03/10	ID# CK#	Donita Hermesen 1521 Westwood Dr. Coralville, IA 52241	Sister	\$25.00	<input type="checkbox"/>
05/04/10	ID# CK#	Bonnie Grimmus 408 Park St. Marshalltown, IA 50158		\$25.00	<input type="checkbox"/>
05/05/10	ID# CK#	Debra Tharp 1704 W. Lincoln Way Marshalltown, IA 50158		\$30.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ \$1050.87

TOTAL (if last page of this schedule)

\$ 2391.87

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Page 4 of 4  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Bettie Bolar For County Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
02/04/10	ID# CK#	Marshall County Auditor 1 E. Main St. Marshalltown, IA 50158	Voter Registration Lists	\$ 12.73
02/26/10	ID# CK#	Carter Printing 1739 E. Grand Ave. Des Moines, IA 50316	Letterhead and Envelopes	\$322.27
03/26/10	ID# CK#	Host Iowa.net 1101 NE Poplar St. Leon, IA 50144-1235	bettiebolar.com Monthly Hosting Fee and Yearly Domain Registration Fee	\$40.00
04/08/10	ID# CK#	Carter Printing 1739 E. Grand Ave. Des Moines, IA 50316	1000 Campaign Cards and 1000 Postcards	\$471.91
05/07/10	ID# CK#	Tyson and Erica Finders 3313 Lily Lane Marshalltown, IA 50158	Postage Stamp Reimbursement (40 Stamps)	\$17.60
05/14/10	ID# CK#	Tyson and Erica Finders 3313 Lily Lane Marshalltown, IA 50158	Postage Stamp Reimbursement (60 Stamps)	\$26.40
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 890.91
TOTAL (if last page of this schedule)				\$ 890.91

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Bettie Bolar For County Supervisor

Reset Form

<b>SCHEDULE</b> <b>E</b> (Rev. 06/97)	<b>IN-KIND</b> <b>CONTRIBUTIONS</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
02/04/10	Monica Schneider 1815 Oaks Ave. Marshalltown, IA 50158		Mailing Labels	\$ 12.00	<input type="checkbox"/>
03/05/10	Ashley Schmitz 317 E. Bennington Rd. Waterloo, IA 50703		Photography for Print Material	55.00	<input type="checkbox"/>
02/24/10	Pam Swarts 3109 S. Center St. Marshalltown, IA 50158		3 Bottles of Wine for Fundraiser	35.00	<input checked="" type="checkbox"/>
04/01/10	Steve Bolar 2155 230th St. Marshalltown, IA 50158	Husband	Postage for Mailing Letters	57.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 159.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 159.00	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)